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MULTIPLE DEPENDENT CLAIM FEE CALCYNATION SHEET					12/10	38	PILING D	ATE		
	(FOR U	SE\ _ H FORM	PTO-875)	APPLICA	iris,		<u></u>			
 		02/02/00 AFTER40	CI AFTER	AIMS					-	
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OTAL IND	27	4		TOTAL IND.		·	•			
TOTAL	21		42	TOTAL DEP			4		2	
CYTHE		19		CLAIMS						
e:TO - 1360 (REV. 11/04)					PARTMENT of CO.				